

Why Not “Crying It Out” Part 2

Can Certain Infant Care Practices Cause Excessive Stress?

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Understanding the importance of responsiveness is an essential foundation for communicating with parents about early care. Helping parents create healthy, responsive environments may benefit from looking at some common parenting practices and how they may impact infants' development. The role of stress experiences is an essential consideration when choosing care. What practices may be more risky for infants and which may be more protective is the focus of Part 2.

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In Part 1 of “Why Not ‘Crying It Out,’” we reviewed the science forming the foundation for the importance of communicating to mothers about how they provide early care. This science helps to show how early care will impact infants’ developing brains and stress responses, how this aspect of neurological development will impact later behavior. The next important question to be answered for lactation consultants and then shared with parents is whether there are some relatively routine practices used by parents in the United States (and some other countries) that may be stressful enough to affect infants’ development. Based on the science then—the question is whether these practices could produce changes in infants’ brains and behaviors in the ways indicated by the research on stress and its effects.

Explored here are practices often associated with crying it out—practices such as putting infants to bed by themselves and allowing them to cry instead of picking them up when they do not fall asleep; or allowing infants to cry and not picking them up when they wake up at night. Other similar practices marked by parents’ nonresponse would include showing a relative lack of response to crying during the day time (so as not to “spoil” the baby), not holding or touching the baby very much, and so on. We will explore these practices from the framework of parent- and child-centered practices (Miller & Commons, 2010), tying these different practices back to the research reviewed above and examining the impact of these practices on children’s development.

Parent-Centered Versus Child-Centered Parenting with Infants

Child-Centered Practices and Infant Sleep

Child-centered parenting involves learning to read the cues of the infant and responding appropriately to those cues. Thus, child-centered parenting practices can encompass a variety of parenting strategies, such as feeding in a manner that is responsive to infant cues, and being highly responsive to crying, or pre-crying, as well as to other cues, co-sleeping or responding to infants during nighttime care, and emphasizing bodily contact more than physical separation. A main result of such practices is a reduction in stressful situations for the infant.

In regard to sleeping patterns, practices in which parents attend to infant signaling can provide a child-centered focus. Additionally, co-sleeping can be viewed as child-centered as this nighttime care practice allows for much faster responsiveness to infant cues. With this practice, infants who co-sleep will not be exposed to the extended crying that can occur when they are left alone to fall asleep on their own or when their parents do not retrieve them from their crib at night. Having infants co-sleep or sleep in close proximity to parents, rather than in a physically separate crib or a crib in a separate room, can greatly mitigate or completely eliminate problems that a parent may have in getting their infant to sleep, and in dealing with night wakefulness (Miller & Commons, 2010). In addition, mother-infant sleep positions can lead to safer sleep (McKenna & McDade, 2005), as well as enhance the quality of sleep (Teti, Kim, Mayer, & Counterline, 2010), and offer a greater probability of continued breastfeeding (McKenna & McDade, 2005).

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Child-Centered Practices and Infants' Crying

One important area of behavior to examine is how quickly and how often mothers and other caregivers respond to infant crying. Infants who are less often responded to or who are not responded to very quickly are likely to experience more stress. This topic overlaps somewhat with the topic of infant holding, since picking up and holding would be a frequent response to crying, along with other behaviors. The distinction is that here, what is being looked at is the presence of a contingent response. The research on responsiveness to crying has not looked at the specific nature of responses to crying, only at how often parents (usually mothers) respond.

This topic was discussed in some detail in Miller and Commons (2010), so here we will present just a summary. Two opposing points of view have been put forward. One, more on the child-centered side, has suggested that responding to infant crying in a timely and contingent fashion reduces the rate of such crying (Bell & Ainsworth, 1972). The other side suggests that responding to infant crying could actually increase the rate of infant crying, because the rate of crying essentially becomes strengthened or reinforced when responded to (Gewirtz & Boyd, 1977). This overall controversy seems central to the discussion about whether infants should be left to “cry it out” at any time.

In one study, St. James-Roberts et al. (2006) compared parents who held their infants a great deal of the time (on average 15 to 16 hours per day) versus those who held them much less. They found that the infants who were held much less cried 50% more overall. Clearly the holding of infants is another important behavior that can reduce how stressed infants and their caregivers might be. This is supported by studies that show that infant crying is an important cause or at least precipitating event for abuse and maltreatment in a number of cases (Soltis, 2004).

Other Positive Socialization Benefits of Child-Centered Parenting

One of the additional benefits of child-centered parenting could be a closer sense of “connection” to other people. Because physical contact and touching is a less salient aspect of Western, and particularly Northern European cultures, this possible benefit has rarely been studied. At the very least, parents who engage in highly responsive caregiving serve as models for their children. Thereby they may promote higher frequencies of responsive and even empathetic behavior toward others, as also noted by Bandura (1989).

Discussion and Conclusions

We have presented evidence that a number of child-centered practices may promote optimal development in a variety of ways. The discussion has focused primarily on practices that are related to soothing infants and reducing arousal, as these are most important, particularly during the early months, as far as buffering the infant against stressful events. We have argued that reducing the number and kinds of early stressful events are important, having possible consequences both for the development of children's brains and for their behavior. The argument is, that as seen in rodents and other mammals, the caregiver plays an important role, through his or her practices, in helping to tune or program the infant's stress regulation system.

As infants continue to develop in many ways including attachment (Commons, 1991), their behavior and physiology changes. We have argued that the need for child-centered parenting does not end after the first few months of life, but that it continues, accommodating itself to developmental changes in young children (Miller & Commons, 2010). To give one example, as children become more mobile, they will spend more time away from their parents and not being held. As research has also shown (e.g., Anderson, 1972), when the child initiates the departure from contact, and can rely on the parent remaining in the same location, they are more likely to freely explore. When the parent initiates the separation, children have a great deal more trouble coping. In this case, children will be more likely to protest and if possible to return to the parent's side (e.g., Ainsworth et al., 1978). Miller and Commons (2010) discuss several other possible changes in parenting behavior that might take place.

Parenting Behaviors that Cause Infant Stress Are Normative in the U.S.

It has to be noted that the types of parenting behaviors that might cause stress are considered by a large part of the population in the United States to be normative. As discussed by LeVine and colleagues (1994), by Richman, Miller & Solomon (1988) and others, they form part of a parenting strategy that emphasizes the infant and child's development of independence from the parent(s). Parents who use these practices sincerely believe that it is most important to insist that the child behave independently, and that to “give in” to behaviors, such as crying or requests for attention, will simply encourage the child to become dependent. This belief is pervasive in this culture, so parents using “independence-promoting” strategies

are, to a large extent, engaging in parenting that fits with the norms.

Individual Differences in Infants' Ability to Tolerate These Practices

Plus it would seem that some infants, and perhaps most, are able to tolerate these practices to some extent. So, some proportion of infants will learn – sooner or later – to fall asleep on their own. Many infants will eventually learn some self-consoling behaviors. As already noted, even though such infants may appear at that time to have mastered these tasks, one sometimes sees that the adaptation is not complete. For example, infants who have been sleeping alone often turn into toddlers and older children who seek comfort in their parents' bed when they are fearful or distressed. We have also presented studies suggesting that the number of children using self-comfort objects, such as pacifiers, security blankets, or stuffed animals is much larger in the U.S. than in cultures in which infants and children neither sleep by themselves nor are encouraged to self-console (Miller & Commons, 2010).

Secondly, and as noted earlier, there are individual differences in how different infants may respond to the same kind of parenting practices, with some infants being more vulnerable than others. Some infants may seek physical contact more than others, and may not be at all easily consoled without it (Miller & Commons, 2010). Some infants may be more easily consoled than others. Some infants may continue to sleep best with a parent or parents, whereas others may sleep well separately. The research on differential susceptibility that was cited earlier (Pluess & Belsky, 2009), as well as other studies (e.g., Caspi et al., 2002) have in fact confirmed that a “one size fits all” strategy will not work for every individual.

What Do Infants Learn from Independence-Promoting Strategies?

Even if an infant or child has largely coped with an independence-promoting strategy as opposed to one that is child-centered, as a culture we have to ask ourselves, what have they learned? Ultimately, they have learned that they are essentially alone. The lesson is repeatedly reinforced. If you are distressed, you must deal with it yourself. If you are frightened, don't bother us. The message is that there is “something wrong with you” if you are suffering too much. Ultimately, this seems designed to not only reduce one's reliance on others, but can have the unintended consequence of our becoming completely alienated from those others. When we have

what seems like an ever increasing incidence of lone and very lonely people perpetrating acts of violence against others, it might be that we should, as a culture, start asking the question as to whether the costs of our preferred childrearing strategies might be too high.

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Report on Laws/Policies that Affect Children's Healthy Development, from World Policy Analysis Centre

A new report from the World Policy Analysis Centre, *Changing Children's Chances*, systematically presents comparative data on laws and public policies in 191 countries covering areas essential to children's healthy development. The report reveals which policies can make a difference, e.g., the impact of maternity leave on breastfeeding. The report found that an extra 10 weeks of paid maternity leave is associated with 10% lower infant mortality and 9% lower mortality in children younger than 5 years. Furthermore, 136 countries guarantee supportive labour policies that allow breastfeeding breaks at work.

Source: USBC